

OPERATOR ACCIDENT REPORT

1. SNOWMOBILE

2. ATV

Form 4100-174 (R 3/01)

Do NOT fill in the shaded areas.

DNR Number		F. Warden	<input type="checkbox"/>
		W. Supv.	<input type="checkbox"/>
		RSW	<input type="checkbox"/>

Send report to:
State of Wisconsin
Snowmobile/ATV - LE/5
Department of Natural Resources
P.O. Box 7921
Madison, WI 53707-7921

Notice: The operator of any snowmobile or ATV involved in an accident that results in death or injuries requiring treatment by a physician is required by sections 350.15 and 23.33(7), Wis Stats., to report the accident as soon as possible to a conservation warden or a local law enforcement agency, and to submit a written report within 10 days to the Department of Natural Resources. Failure to complete this form as required may result in a forfeiture of up to \$250.00. Personally identifiable information on this form is not intended to be used for any other purpose.

ACCIDENT CRITERIA

Number of vehicles in accident: _____		Death related to accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Injuries requiring medical treatment by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		Disappearance of person indicating injury or death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Accident ____/____/____	Day of Week ____	Time of Day ____ am <input type="checkbox"/> ____ pm <input type="checkbox"/>	Location of Accident <input type="checkbox"/> Private Land <input type="checkbox"/> Public Road <input type="checkbox"/> Public Trail <input type="checkbox"/> Lake or Stream <input type="checkbox"/> Public Land <input type="checkbox"/> Hwy. Right-of-Way <input type="checkbox"/> Private Trail <input type="checkbox"/> Route
County ____		City or Township ____	State WI

OPERATOR		PASSENGER	
Operator's Name ____		Name of Passenger ____	
Telephone Number ()		Telephone Number ()	
Address ____		Address ____	
City, State, Zip Code ____		City, State, Zip Code ____	
Date of Birth (M/D/Y) ____/____/____	Age ____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (M-D-Y) ____/____/____
Operator Completed DNR Snowmobile/ATV Safety Training Course? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Experience <input type="checkbox"/> 0 - 100 hours <input type="checkbox"/> OVER 100 hours	Was Passenger Wearing a Helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Passenger Have Eye Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Operator Wearing Helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Operator Have Eye Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No	OWNER	
		Owner's Name (if different than operator) ____	
		Telephone Number ()	

VEHICLE			
<input type="checkbox"/> Snowmobile <input type="checkbox"/> Three Wheel ATV <input type="checkbox"/> Four Wheel ATV			
Vehicle Rented? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Borrowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Make and Model of Vehicle ____		Chassis Serial Number ____	
Vehicle Registration Number ____		Expiration Date ____/____/____	
		State ____	
Make and Model of Vehicle ____		Year ____	
Studded Tracks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Speed At Time of Accident ____ MPH	

TYPE AND CAUSE OF ACCIDENT		ENVIRONMENT	
Type of Accident <input type="checkbox"/> Fell from moving Snowmobile/ATV <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> Collision with another Snowmobile/ATV <input type="checkbox"/> Collision with moving motor vehicle <input type="checkbox"/> Collision with parked motor vehicle <input type="checkbox"/> Broke through ice <input type="checkbox"/> Driven into open water <input type="checkbox"/> Snowmobile/ATV rolled over <input type="checkbox"/> Struck fence or cable <input type="checkbox"/> Injured by contact with part of Snowmobile/ATV <input type="checkbox"/> Pedestrian struck by Snowmobile/ATV <input type="checkbox"/> Being pulled by Snowmobile/ATV <input type="checkbox"/> Other _____	Activity at Time of Accident <input type="checkbox"/> Recreational <input type="checkbox"/> Farm related <input type="checkbox"/> Sanctioned race/event <input type="checkbox"/> Construction <input type="checkbox"/> Hunting	Weather <input type="checkbox"/> Foggy - Mist <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Clear	Visibility <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Day <input type="checkbox"/> Night
	What in Your Opinion Contributed to the Accident <input type="checkbox"/> Drinking or drugs <input type="checkbox"/> Vehicle speed <input type="checkbox"/> Equipment failure <input type="checkbox"/> Failure to yield <input type="checkbox"/> Inexperience <input type="checkbox"/> Trail conditions <input type="checkbox"/> Other _____	Temperature ____ ° F	Trail Condition <input type="checkbox"/> Icy <input type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> Muddy <input type="checkbox"/> Dry

Describe what happened: Sequence of events leading up to the accident. (Attach additional sheets along with a diagram if necessary).

INJURIES/DEATHS

Vehicle (Circle one)	A	B	A	B	A	B
Name	_____		_____		_____	
Address	_____		_____		_____	
City, State, Zip Code	_____		_____		_____	
Telephone Number	_____		_____		_____	
DOB _____ Age _____			DOB _____ Age _____		DOB _____ Age _____	
Was the Victim:	<input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian		<input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian		<input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	
Type of Injury	<input type="checkbox"/> Minor - No Permanent Injury <input type="checkbox"/> Major - Required Hospitalization <input type="checkbox"/> Fatal		<input type="checkbox"/> Minor - No Permanent Injury <input type="checkbox"/> Major - Required Hospitalization <input type="checkbox"/> Fatal		<input type="checkbox"/> Minor - No Permanent Injury <input type="checkbox"/> Major - Required Hospitalization <input type="checkbox"/> Fatal	
Specific Injury (If more than one, number choices in order of severity)	<input type="checkbox"/> Amputation <input type="checkbox"/> Laceration <input type="checkbox"/> Broken bone(s) <input type="checkbox"/> Spinal injury <input type="checkbox"/> Burns <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Contusion <input type="checkbox"/> Neck injury <input type="checkbox"/> Head injury <input type="checkbox"/> Back injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Shock <input type="checkbox"/> Internal injuries <input type="checkbox"/> Dislocation		<input type="checkbox"/> Amputation <input type="checkbox"/> Laceration <input type="checkbox"/> Broken bone(s) <input type="checkbox"/> Spinal injury <input type="checkbox"/> Burns <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Contusion <input type="checkbox"/> Neck injury <input type="checkbox"/> Head injury <input type="checkbox"/> Back injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Shock <input type="checkbox"/> Internal injuries <input type="checkbox"/> Dislocation		<input type="checkbox"/> Amputation <input type="checkbox"/> Laceration <input type="checkbox"/> Broken bone(s) <input type="checkbox"/> Spinal injury <input type="checkbox"/> Burns <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Contusion <input type="checkbox"/> Neck injury <input type="checkbox"/> Head injury <input type="checkbox"/> Back injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Shock <input type="checkbox"/> Internal injuries <input type="checkbox"/> Dislocation	
Cause of Death	<input type="checkbox"/> Trauma/Impact Injury <input type="checkbox"/> Drowning _____ <input type="checkbox"/> Hypothermia <input type="checkbox"/> Other _____		<input type="checkbox"/> Trauma/Impact Injury <input type="checkbox"/> Drowning _____ <input type="checkbox"/> Hypothermia <input type="checkbox"/> Other _____		<input type="checkbox"/> Trauma/Impact Injury <input type="checkbox"/> Drowning _____ <input type="checkbox"/> Hypothermia <input type="checkbox"/> Other _____	

WITNESSES Other than Operator , Passenger or Injured Persons

Name	_____	_____	_____
Address	_____	_____	_____
City, State, Zip Code	_____	_____	_____
Telephone Number	() _____	() _____	() _____
DOB _____	DOB _____	DOB _____	

OTHER SNOWMOBILE/ATV'S INVOLVED

Operator's Name		Address	
City, State, Zip Code		Telephone Number () _____	Snowmobile/ATV Registration Number
Operator's Printed Name		Operator's Signature	Date Signed (Mo., Day Yr.)
Accident Reported (Name of Warden or Law Enforcement Agency)			

Please double check your report for accuracy. Pursuant to s. 350.15(4), Wis. Stats., and s. NR 64.10, Wis. Adm. Code, this report may not be used as evidence in any trial.